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FAX TRANSMISSION**DATE:** May 6, 2005**PTO IDENTIFIER:** Application Number 10/726,585-Conf. #5069
Patent Number**Inventor:** Harry A. Dugger, III**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP

James W. Brady, Jr.

PHONE: (202) 775-4786**Attorney Dkt. #:** N9810.0034/P034**PAGES (Including Cover Sheet):** 17**CONTENTS:** Preliminary Amendment (14 pages)
Amendment Transmittal (1 page)
Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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Application No. (if known): 10/726,585

Attorney Docket No.: N9810.0034/P034

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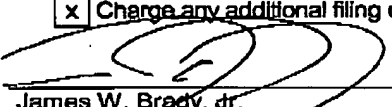
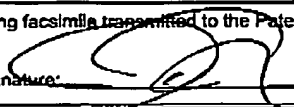
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Preliminary Amendment (14 pages)

Amendment Transmittal (1 page)

AMENDMENT TRANSMITTAL LETTER			Docket No. N9810.0034/P034	
Application No. 10/726,585-Conf. #5069	Filing Date December 4, 2003	Examiner M. Haghighatian	Art Unit 1616	
Applicant(s): Harry A. Dugger, III				
Invention: BUCCAL, POLAR AND NON-POLAR SPRAY OR CAPSULE CONTAINING DRUGS FOR TREATING PAIN				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	64	- 64 =		x
Independent Claims	3	- 3 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity				
<input checked="" type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 James W. Brady, Jr. Attorney Reg. No.: 32,115			Dated: <u>May 6, 2005</u>	
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 775-4786				
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.				
Dated: <u>5/6/05</u>		Signature:  (James W. Brady, Jr.)		

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Dated: 5/6/05

Signature: 

James W. Brady, Jr.

Docket No.: N9810.0034/P034
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Harry A. Dugger, III

Application No.: 10/726,585

Confirmation No.: 5069

Filed: December 4, 2003

Art Unit: 1616

For: BUCCAL, POLAR AND NON-POLAR
SPRAY OR CAPSULE CONTAINING
DRUGS FOR TREATING PAIN

Examiner: M. Haghighatian

PRELIMINARY AMENDMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

Prior to examination on the merits, please amend the above-identified U.S.
patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins
on page 2 of this paper.

Remarks/Arguments begin on page 14 of this paper.

DSMDB.1918932.1